

DOCUMENT # N99000002315

1. Entity Name

A.O.W. TAYLOR, INC.

FILED

00 MAR 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2514 CANTABERRY DR. WEST PALM BEACH FL 33407		Mailing Address 2514 CANTABERRY DR. WEST PALM BEACH FL 33407	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 11583 Suite, Apt. #, etc.	
City & State Riviera Beach, FL		City & State Riviera Beach, FL	
Zip 33419-1583	Country	Zip 33419-1583	Country
4. FEI Number 65-0909643		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, OPHELIA W 2515 CANTABURY DR. NORTH WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, OPHELIA			NAME			
STREET ADDRESS	2514 CANTABURY DR. NORTH			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, ALFRED			NAME			
STREET ADDRESS	2514 CANTABURY DR. NORTH			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, WILLIAM			NAME			
STREET ADDRESS	2514 CANTABURY DR. NORTH			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, VINCENT			NAME			
STREET ADDRESS	701 KATHY COURT			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32144			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ophelia W. Taylor Ophelia W. Taylor 01/13/00 561-844-3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)